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|-----------------|------------------|---|---------------------|----------------------|--------------|----------|---------------------------|-----------------|------------------|--------------------|--------|--------------------|----------------|----------------------------|---------------|------------------|-----------------|------------------|------------------|---------------|
| | Type of Provider | PRIMARY CARE PHYSICIANS 1. Family Practice | 2. General Practice | 3. Internal Medicine | 4. Pediatric | Subtotal | SPECIALTY CARE PHYSICIANS | 1. Cardiologist | 2. Dermatologist | 3. Endocrinologist | 4. ENT | 5. General Surgeon | 6. Neurologist | 7. Obstetrician/Gynecology | 8. Oncologist | 9. Opthamologist | 10. Orthopedist | 11. Oral Surgeon | 12. Psychiatrist | 13. Urologist |
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| | | ı | TABLE 3: | | GENERAL ACUTE HOSPITALS | ¥ | ACU | 1E+ | 1SO | IATIV | S | | | | | | | | | |
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| Name | | William | | | | | Out | Out-Patlent | ä | | | | ! | | | ln_ | In-Patient | 14 | | |
| · · · · · · · · · · · · · · · · · · · | County | Agree | Agreement | | · · · · · · · · · | | | | | | | | | | | | | | | |
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TABLE 4: SUMMARY OF ANCILLARY, TERTIARY AND SPECIALIZED PROVIDERS BY COUNTY (INDICATE NUMBER OF PROVIDERS IN EACH COUNTY)

| A R B B C C C B G H H M M M M O P S S S S I N U N A P M S I L NOplometrist | | | | | | | | | | Nev | New Jersey Countles | sey (| oun | lles | | | | | | | | |
|--|------------------------|----|-------|--------|--------------|--------|--------------|----------|-------------|--------|---------------------|-------|-------|------|--|-------|-----|-------|-------------|-----|----------|-----|
| 1. Optometrist 2. Podiatrist 3. Physical Therapy 4. Psychologist 5. Occupational Therapy 6. Speech Therapy 7. Audiology 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Terriary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Adult Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services 8. Inpatient Pediatric Psychiatric Services 9. Outpatient Pediatric Psychiatric Services 1. Level I and II Trauma Centers 2. Perinatal Services 3. Terriary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services | Type of Provider | LA | 7 E B | в В | X ≯ C | Р О | ⊻ ∪ 0 | SSE | 0 1 0 | D H | ZCI | ⊐m≤ | D - S | ZOZ | по≤ | m C O | ω≯₽ | r > s | ZO 0 | SCS | <u> </u> | π≻≷ |
| 2. Podiatrist 3. Physical Therapy 4. Psychologist 5. Occupational Therapy 6. Speech Therapy 7. Audiology 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services 8. Coupatient Pediatric Psychiatric Services 9. Outpatient Pediatric Psychiatric Services 1. Coupatient Pediatric Psychiatric Services 2. Perinatric Psychiatric Services 3. Tertiary Pediatric Psychiatric Services 4. Inpatient Pediatric Psychiatric Services 5. Outpatient Pediatric Psychiatric Services | 1 | | | | | | | | | | | | | | | | | | | | | ļ |
| 3. Physical Therapy 4. Psychologist 5. Occupational Therapy 6. Speech Therapy 7. Audiology 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Terliary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Adult Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| 4. Psychologist 5. Occupational Therapy 6. Speech Therapy 7. Audiology 7. Audiology 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| 6. Speech Therapy 6. Speech Therapy 7. Audiology 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| 6. Speech Therapy 7. Audiology 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | _ | | | | | | | | | | | | | | | | | | | | | |
| 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| 8. Laboratory 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Adult Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| 9. Diagnostic Radiology 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Adult Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| 10. Home Health Agency 11. MRI TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Pediatric Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| TERTIARY AND SPECIALIZED SERVICES 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertiary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Adult Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | 10. Home Health Agency | | | | | | | | | | | | | | | | | | | | | |
| 1. Level I and II Trauma Centers 2. Perinatal Services 3. Tertlary Pediatric Services 4. Inpatient Adult Psychiatric Services 5. Outpatient Adult Psychiatric Services 6. Inpatient Pediatric Psychiatric Services 7. Outpatient Pediatric Psychiatric Services | 11. MRI | | | | | | | <u> </u> | | | | | | | | | | | | | | |
| Level I and II Trauma Centers Perinatal Services Tertiary Pediatric Services Inpatient Adult Psychiatric Services Outpatient Pediatric Psychiatric Services Outpatient Pediatric Psychiatric Services | ŀ | | | | | | | | | | 1 | | | | | | | | | | | |
| Perinatal Services Tertiary Pediatric Services Inpatient Adult Psychiatric Services Outpatient Pediatric Psychiatric Services Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| Tertiary Pediatric Services Inpatient Adult Psychiatric Services Outpatient Adult Psychiatric Services Inpatient Pediatric Psychiatric Services Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Adult Psychiatric Services Outpatient Adult Psychiatric Services Inpatient Pediatric Psychiatric Services Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient Adult Psychiatric Services Inpatient Pediatric Psychiatric Services Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Pediatric Psychiatric Services Outpatient Pediatric Psychiatric Services | 1 | | 1 | | | | | | | | | | | | | | | | | | | |
| Outpatient Pediatric Psychiatric Services | | | | | | | | | | | | | 1 | | | 1 | | | | | | |
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| Type of Provider | | | TABLE 4: SUMMARY OF ANCILLARY, TERTIARY AND SPECIAI (INDICATE NUMBER OF PROVIDERS IN EAC |
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| *** | 13. Hospice | 12. Skilled Nursing Facility | 11. Outpatient Substance Abuse | 10. Inpatient Substance Abuce | 9. Outpatient Rehabilitation | 8. Inpatient Rehabilitation | Type of Provider |
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Specialty Outpatient Centers:

Sickle Cell Anemia

HIV/AIDS

Renal Dialysis

Congenital Anomolies

Craniofacial

Hemophilia

Diagnostic Cardiac Catherization Services

14. Radiation Therapy

| | | | (| | = (| + (| = (| × | | 11 | × | | | 11 | • | | | | | | | O-TUC | | | | N-NET | | | | |
|---|-------------------------|-----------------------|----------------|-------------------|---------------------|--------------------------------|---------------------|-------------|-----------------------|------------------------------|--------------------------------|---------------------|---|---------------------|-----------------------------|-------------------------------|------------------------|---------------------|---------------------|------------|-------------|------------------------------|-----------------------------|----------------|------------------|-------------------------|-----------------|--------------|--|--------------|
| (16) E | (15) E | (| (14) | (13) F | 12)/ | 11) | 10)/ | | (8) | <u>(C</u> | (6) | (5)\ | _ | | | (2) A | | 3 | 0 | | 0 | F-NE | | <u> </u> | | - WOK | | | | <u> </u> |
| Ben. Diff. (line 15 IN - | Benefit Ratio (line 14/ | (Line 12*100%-Line13) | Net claim Cost | Provider Discount | Adjusted Claim Cost | Impact of Out-of- Pocket Limit | Adjusted Claim Cost | Coinsurance | Adjusted Claim Cost = | Adjusted Value of Deductible | Impact of 3x Family Deductible | Value of Deductible | | Adjusted Claim Cost | Adjustment for Doctor Copay | Adjustment for Hospital Copay | (per member per month) | Starting Claim Cost | Out-of-Pocket Limit | Deductible | Coinsurance | OUT-OF-NETWORK BENEFITS (OON | Doctor's Office visit Copay | Cop to 5 days) | // In to 5 days) | N-NETWORK BENEFITS (IN) | | | | |
| (16) Ben. Diff. (line 15 IN - line 15 00N) (as a %) | 14/line 1) |) | | , | | ket Limit | • | | : (4) -(7) | luctible | eductible | | | | Copay | al Copay | nonth) | | | | | (OON) | opay | | | | | | ACTUARIAL JUSTIFICATION OF BENEFIT DIFFERE | |
| -5.7% | 0.794 | | 129.90 | 20% | 162.38 | 0.00 | 162.38 | 100% | 162.38 | | | | | 162.38 | 1.21 | 0.00 | 163.59 | | | | | | 6 | 9 6 | 60 | | NETWORK | Ž. | JUSTIFICAT | |
| | 0.851 | | 139.29 | | 139.29 | 16.76 | 122.53 | 80% | 153.16 | 10.43 | 0.96 | 10.86 | | 163.59 | | | 163.59 | | \$1,000 | \$200 | 80% | | | | | | NETWORK | OUT-OF- | TION OF BE | sa |
| | 0.794 | | 129.90 | 20% | 162.38 | | 162.38 | 100% | 162.38 | | | | | 162.38 | 1.21 | 0.00 | 163.59 | | | | | | 6 | A 60 | 6 | | NETWORK NETWORK | ₹ | NEFIT DIFF | sample (SCA) |
| -2.0% | 0.814 | | 133.10 | | 133.10 | 13.91 | 119.19 | 80% | 148.98 | 14.61 | 0.97 | 15.06 | | 163.59 | | | 163.59 | | \$1,500 | \$300 | 80% | | | | | | NETWORK NETWORK | OUT-OF- | ERENTIALS | A) or (HMO) |
| | 0.778 | | 127.25 | | 159.06 | 0.00 | _ | 100% | | | | | | 159.06 | 3.64 | 0.89 | 163.59 | | | | | | 4-0 | 9 4 50 | 650 | | | 1 2 - | | MO) |
| 5.1% | 0.727 | | 311 | 0% | 119.00 | 19.63 | 99.37 | 70% | 141.96 | 21.63 | 0.98 | 22.07 | | 163.59 | | | 163.59 | | \$2,500 | \$500 | 70% | | | | | | NETWORK | OUT-OF- | | |
| | 0.786 | | 128.58 | 20% | 160.72 | 0.00 | 160.72 | 100% | 160.72 | | | | | 160.72 | 2.43 | 0.44 | 163.59 | | | | | | 910 | 200 | 222 | | NETW. | Z- | | |
| 2.7% | 0.759 | | 124.16 | 0% | 124.16 | 19.87 | 1 | 70% | 148.98 | 14.61 | 0.97 | 15.06 | | 163.59 | | | 163.59 | | \$2,500 | \$300 | 70% | | | | | | NETW. | OUT-OF- | | |

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| | | | | | | <u> </u> | ne 15 IN - line 15 00N) | Benefit Differential (line 15 IN - | (16) |
| | | | <u> </u> | | | | line 1) | Benefit Ratio (line 14/line 1) | (15) |
| | | | | | | | 3) | (Line 12*100%-Line13) | |
| | | | | | | | | Net claim Cost | (14) |
| | | | | | | | | Provider Discount | (13) |
| | | | | | | | | | |
| | | | | | | | | Adjusted Claim Cost | = (12) |
| | | | | | | | ket Limit | Impact of Out-of- Pocket Limit | + (11) |
| | | | | | | | | Adjusted Claim Cost | |
| | | | | | | | | Coinsurance | × (9) |
| | | | | | | | = (4) -(7) | Adjusted Claim Cost = | (8) |
| | | | | | | | | | |
| | | | - | | | | ductible | Adjusted Value of Deductible | = (7) |
| | | | | | | | eductible | Impact of 3x Family Deductible | × (6) |
| - | | | | | | \ | | Value of Deductible | (5) |
| | | | | | | | | | |
| : | | | : : : ! | | | | | Adjusted Claim Cost | |
| 1 | | | | | | | Сорау | Adjustment for Doctor Copay | - (3) |
| : | | | | | | | al Copay | Adjustment for Hospital Copay | |
| | | | | | | | nonth) | (per member per month) | |
| | | | | | | | | Starting Claim Cost | (1) |
| | | | | | | - | | | |
| | | | | | | | | Out-of-Pocket Limit | - 1 |
| | | | | | | | | Deductible | |
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| | e. | | | | | | (OON) | OUT-OF-NETWORK BENEFITS (OON) | OUT-OF-N |
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| | | | | | | | | (Up to 5 days) | |
| | | | | | | | | Hospital Copay/Day | |
| | | | | | | | | IN-NETWORK BENEFITS (IN) | IN-NETWO |
| NETW. | NETWORK NETW. | ETWORK NETWORK | Z | NETWORK | NETWORK NETWORK | NETWORK | | | |
| OUT-OF- | OUT-OF- IN- | Z- | | Z | OUT-OF- | Į. | | | |
| | (SCA) or (HMO) | | FERENT | NEFIT DIF | TION OF BE | ACTUARIAL JUSTIFICATION OF BENEFIT DIFFERENTIALS | ACTUARIAI | | |
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